



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E393534**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-00179		
LOCAL AGENCY CODING	0664		
TOTAL # OF UNITS	02	OBJECT STRUCK	

TRIBAL RESERVATION	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	01	-	19	-	2015			1947	31		
										N	E
										S	W
										IN	OF
											0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
FRONTIER CIRCLE WEST		BLOCK NO. <input checked="" type="checkbox"/> 9100
		MILE POST <input type="checkbox"/>

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)
		FEET	S	W	FRONTIER CIRCLE EAST

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 4252995504
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LAST NAME	GRAFE	FIRST NAME	COLTEN	MIDDLE INITIAL	J
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STREET NEW ADDRESS	5815 75 AVE NE
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CITY	MARYSVILLE	ST	WA	ZIP	98270
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	GRAFECJ053N1	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	08	-	21	-	1995
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AIE6325	STATE	WA	VIN#	1J4FY49SXRPA01682
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1994	MAKE	JEEP	MODEL	WRANG	STYLE	VT	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. KURT GRAFE 5815 75 AVE NE MARYSVILLE WA 98270

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PEMCO CA 0773465 EXPIRES 10-10-15
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4256222998
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LAST NAME	CLARK	FIRST NAME	ANGELA	MIDDLE INITIAL	N
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STREET NEW ADDRESS	10720 28 ST NE
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CITY	LAKE STEVENS	ST	WA	ZIP	98253
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	CLARKAN282NT	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	08	-	30	-	1972
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AKF8715	STATE	WA	VIN#	KNAFA1253V5317106
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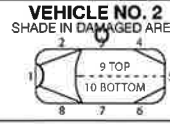
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1997	MAKE	KIA	MODEL	SEPHIA	STYLE	C4	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE 75913993-8 EXPIRES 6-5-15
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	ROBERT MINER	BADGE OR ID #	095	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E393534

CASE #

15-00179

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

Unit #1 was southbound on Frontier Circle East stopped at the posted stop sign waiting to make a left turn, eastbound, onto Frontier Circle West. Unit #2 was westbound on Frontier Circle West off of 91 ST AVE NE to continue westbound on Frontier Circle West. As Unit #2 was westbound, Unit #1 pulled onto Frontier Circle West to make the left hand turn and impacted with Unit #2. Driver of Unit #1 stated he did not see Unit #2 driving on the road. It should be noted that Unit #2 had numerous other damage to several sections of the vehicle that was present prior to this collision. The damage caused by this collision is on the passenger side rear door of the vehicle.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

ROBERT MINER

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

01-20-15 07:48 PM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

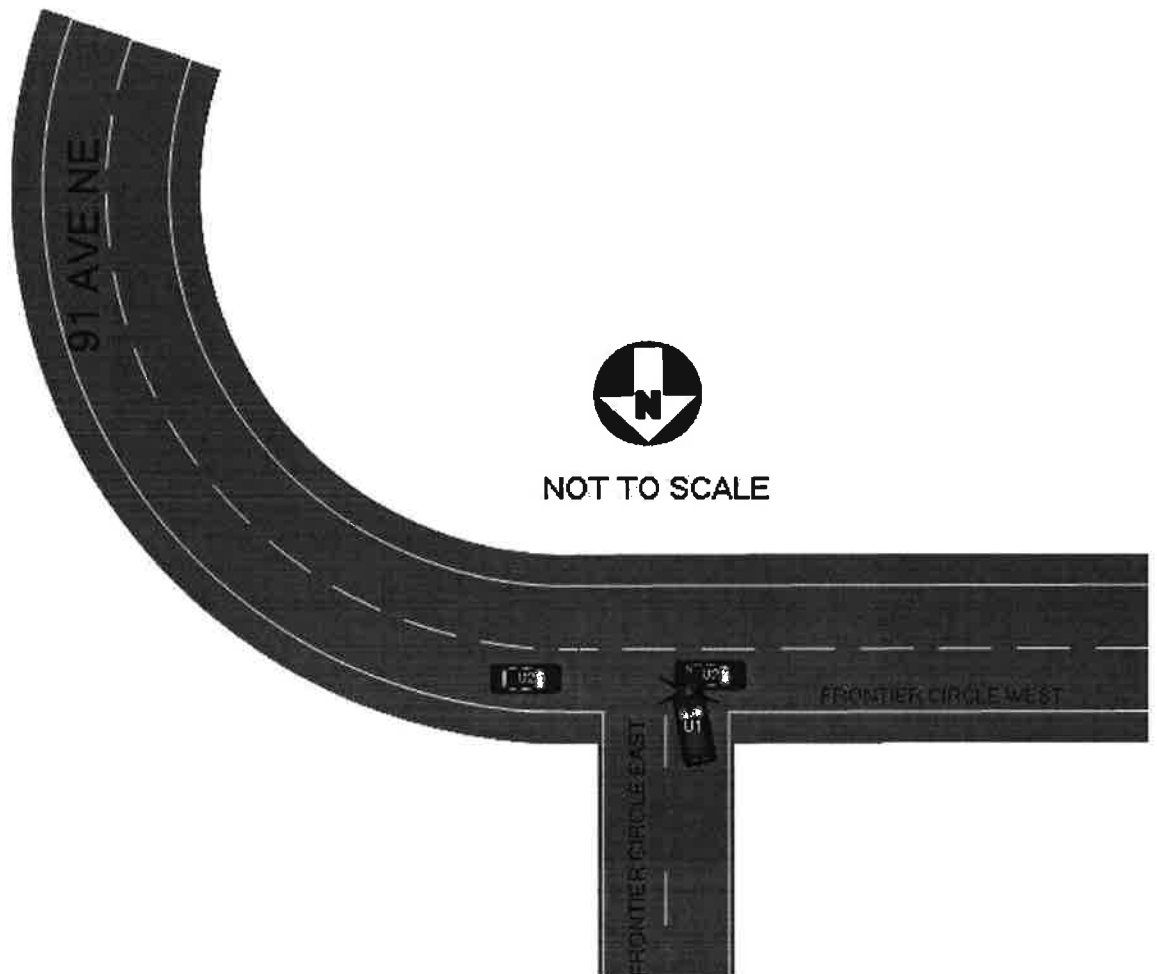
1/20/2015 7:49:48 PM

BADGE OR ID # 095

ORI # WA0311900

TIME POLICE DISPATCHED 8:17 PM

TIME POLICE ARRIVED 8:22 PM



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-179

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Mark Angela	RACE/ETH W	SEX F	DOB 8/30/72	AGE 42	HGT 5'9"	WGT 140	HAIR B	EYES B
STREET ADDRESS 10720 28th St NE		CITY LK Stevens		STATE WA	ZIP 98298	RES. STATUS			
HOME PHONE		CELL PHONE 425 622 2998		PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS							

I, Angela, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was driving into front tier circle going to Kids Vads. and this green wrangler jeep was taking a right turn. Left going out of front tier circle and I swerved so he wouldn't hit me and he caught my left passenger side Buick we pulled off road called 911.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>[Signature]</u>	DATE SIGNED: 1-19-15	LOCATION SIGNED:
OFFICER/NUMBER: <u>10071-45</u>	DATE SIGNED: 1/19/15	LOCATION SIGNED: LK Stevens

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-179

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>Grafe, Colton James</u>	RACE	ETH	SEX <u>M</u>	DOB <u>8/21/95</u>	AGE <u>19</u>	HGT <u>6'</u>	WGT <u>175</u>	HAIR <u>B</u>	EYES <u>B</u>
STREET ADDRESS <u>5815 75th Ave NE</u>		CITY <u>Marysville</u>		STATE <u>WA</u>		ZIP <u>98270</u>		RES. STATUS		
HOME PHONE <u>360 657 1422</u>		CELL PHONE <u>425 299 5504</u>		PLACE OF EMPLOYMENT						
WORK PHONE		EMAIL ADDRESS <u>Kdgrafe@comcast.net</u>								

I, Colton Grafe, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I bumped into a passing car while pulling out from frontier Circle road. Did not see car in time to completely stop.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Colton Grafe</u>	DATE SIGNED <u>1/19/15</u>	LOCATION SIGNED <u>Lake Stevens</u>
OFFICER/NUMBER: <u>[Signature]</u>	DATE SIGNED <u>1/19/15</u>	LOCATION SIGNED <u>LK Stevens</u>

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15-179



LAKE STEVENS POLICE EVIDENCE UNIT	Primary Officer/Badge Number <i>R. Miner 95</i>	Case Number <i>15-179</i>
Type of Crime: Felony / Misdemeanor (Circle)	Type of Case: <i>Collision</i>	Date/Time: <i>1/19/15 2330</i>

Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING

*Evi will be held until court dispo or when the Statute of Limitations has expired
*Found and Sfkg will be held for 60 days or 60 days past owner notification

Case #	Item # <i>RM1</i>	Item <i>CD</i>	Brand Name	Storage Location			Disposition
	Action # <i>3</i>	Brand/Model/Caliber <i>Adof Scene Photos</i>		(Further Description)			
		Serial #	Where Found	Weight of Narcotic			
	Owner's Name Address City State Zip Phone #						Barcode goes here
	Owner Signature/Other remarks /additional information/ special instructions						
	Item #	Item	Brand Name	Storage Location			Disposition
	Action #	Brand/Model/Caliber		(Further Description)			
		Serial #	Where Found	Weight of Narcotic			
	Owner's Name Address City State Zip Phone #						Barcode goes here
	Owner Signature/Other remarks /additional information/ special instructions						
	Item #	Item	Brand Name	Storage Location			Disposition
	Action #	Brand/Model/Caliber		(Further Description)			
		Serial #	Where Found	Weight of Narcotic			
	Owner's Name Address City State Zip Phone #						Barcode goes here
	Owner Signature/Other remarks /additional information/ special instructions						
	Item #	Item	Brand Name	Storage Location			Disposition
	Action #	Brand/Model/Caliber		(Further Description)			
		Serial #	Where Found	Weight of Narcotic			
	Owner's Name Address City State Zip Phone #						Barcode goes here
	Owner Signature/Other remarks /additional information/ special instructions						
	Item #	Item	Brand Name	Storage Location			Disposition
	Action #	Brand/Model/Caliber		(Further Description)			
		Serial #	Where Found	Weight of Narcotic			
	Owner's Name Address City State Zip Phone #						Barcode goes here
	Owner Signature/Other remarks /additional information/ special instructions						
Evidence Control Use Only:							
Received by Evidence:		NCIC/WACIC	✓	Date:	CAD/RMS Checked	ROUTING:	
Name: _____ # _____		NCIC/WACIC +		Date:	Owner Letter Sent:	White: Property Room	
Date: _____ Time: _____		NCIC/WACIC -		Date:	Owner Letter Sent:	Yellow: Case File	

Incident History for: #SS15001151

Case Numbers: \$SS15000179

Entered 01/19/15 19:47:54 BY SPCT08 SP0394

Dispatched 01/19/15 20:17:14 BY SPDP17 SP0368

Enroute 01/19/15 20:17:14

Onscene 01/19/15 20:22:37

Closed 01/19/15 20:54:43

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 377E-7 Group: SS1 Beat: WEST

Src: T

Loc: 900 FRONTIER CI W ,LKS btwn 91 AV NE & 89 DR NE (V)

Loc Info:

Name: CLARK, ANGELA

Addr:

Phone: 4256222998

/1947 (SP0394) ENTRY ,CC, 2 VEH COL, NON INJ, BLU KIA V GRN JEEP WRAN
GLER , PULLED TO SIDE OF RD
/1948 (SP0368) AGCADV ,BCST
/1948 VIEWED
/2002 (SP0374) SUPP TXT: RP CB STILL WAITING
/2017 (SP0368) DISPER 19S13 #SS95 MINER, SGT (ROBERT)
/2022 (SS95) *ONSCNE 19S13
/2032 *ASNCAS 19S13 \$SS15000179
/2033 REMINQ 19S13 MDTWANT,,,,,,WA, GRAFECJ053N1,,,,,,
/2036 REMINQ 19S13 MDTVEH, AIE6325,,WA,,,,,,
/2036 REMINQ 19S13 MDTWANT,,,,,,WA, CLARKAN282NT,,,,,,
/2041 REMINQ 19S13 MDTVEH, AKF8715,,WA,,,,,,
/2054 *CLEAR 19S13 D/H
/2054 CLOSE 19S13